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|--|---|
| Application Number | 10/673,949 |
| Filing Date | 9-29-03 |
| First Named Inventor | JILVER |
| Art Unit | 3614 |
| Examiner Name | RAMOKRISHNAIAH, MEUU |
| Attomas Dooket Number | 73 < 5 < > |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
|---|-------------------------|-------|--------------------------------|----------------|-----|-------|--|--|
| A Power of Attorney is submitted herewith. | | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: | | | | | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR | | | | | | | | |
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| Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is applied. (Form BTO (SPMs)) | | | | | | | | |
| Statement under 37 CFR 3-73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature | | | | | | | | |
| Name Scott P. Zimmerman | | | | | | | | |
| Date | MMR 2007 | | elephon | (0.0) -00-2026 | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| *Total of forms are submitted | | | | | | | | |

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